

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742801

1. Entity Name

SUSSEX M CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90056 027 ****61.25

Principal Place of Business

Mailing Address

CENTURY VILLAGE
SUSSEX M264
W PALM BEACH FL 33417
US

CENTURY VILLAGE
SUSSEX M264
W PALM BEACH FL 33417
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1642188

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOHERTY, NANCY
SUSSEX M 264 C.V.
W. PALM BEACH FL 33417

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Delete
NAME FELPER, REGINA
STREET ADDRESS 261 SUSSEX
CITY-ST-ZIP W PALM BEACH FL

TITLE VPD ☐ Change ☐ Addition
NAME Felper Regina
STREET ADDRESS 261 SUSSEX M
CITY-ST-ZIP West Palm Beach FL

TITLE PD ☒ Delete
NAME DOHERTY, NANCY
STREET ADDRESS 264 SUSSEX
CITY-ST-ZIP W PALM BEACH FL

TITLE PD ☐ Change ☒ Addition
NAME LYNN ABRAMS
STREET ADDRESS 242 SUSSEX M
CITY-ST-ZIP West Palm Beach FL

TITLE SD ☐ Delete
NAME ABRAMS, LYNN
STREET ADDRESS 242 SUSSEX
CITY-ST-ZIP W PALM BEACH FL

TITLE SD ☐ Change ☐ Addition
NAME ABRAMS LYNN
STREET ADDRESS 242 SUSSEX M
CITY-ST-ZIP West Palm Beach FL

TITLE TD ☐ Delete
NAME ARASON, JUDY
STREET ADDRESS 249 SUSSEX
CITY-ST-ZIP W PALM BEACH FL

TITLE TD ☐ Change ☐ Addition
NAME ARASON JUDY
STREET ADDRESS 249 SUSSEX M
CITY-ST-ZIP West Palm Beach FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *LYNN ABRAMS* RE LYNN ABRAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/00

561-686-7445

CR2E037 (9/99)